



City of Cincinnati
Department of Personnel
Two Centennial Plaza, Suite 200
805 Central Avenue
Cincinnati, OH 45202

Open to the Public Application for

An Equal Opportunity Employer

Title of position

First Name:	Middle Initial:	Last Name:
Apartment or Box #: Street Address:		Soc. Sec. No.:
City:	State:	Zip:
Day Phone:		Evening Phone:

CIRCLE ONE

Are you at least 18 years of age?	Yes	No
Have you worked for the City of Cincinnati in the last 2 years?	Yes	No
Do you have a valid driver's license? (Show to staff or mail a copy.)	Yes	No
Do you have a professional license or certificate or CDL? (If so, attach a copy.)	Yes	No
Do you request 5 points for being an honorably discharged veteran? (If so, attach a copy of DD 214)	Yes	No
Do you request 10 points for having a service-connected disability of 10% or more? (If so, attach a copy of DD214 and official statement from the Veteran's Administration.)	Yes	No
Have you ever been convicted of any traffic violations or paid any tickets?	Yes	No
Have you ever been convicted of any other local, state, or federal offense?	Yes	No
May we contact your present employer without contacting you first?	Yes	No
Do you request any reasonable accommodation? (If so, attach a Request for Reasonable Accommodation Form.)	Yes	No

Place a check by each item that you have attached to your application.

Copy of Driver's License (if application is mailed)		Work Experience Form(s)	
Reasonable Accommodation Request		Copy of Transcript(s)	
Copy of license or certificate or CDL		Resume	
Other:		Applicant Flow Sheet	
Copy of statement from Veteran's Administration		Copy of DD214	

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection, or may be cause for subsequent dismissal if I am hired. I hereby authorize any present or former employer, person, firm, corporation or government agency to answer any and all questions and to release or provide any information within their knowledge records. I agree to hold any and all of them blameless and free of any liability for releasing any truthful information that is within their knowledge or records.

Signature: _____

Date: _____

INITIALS OF PERSONNEL DEPARTMENT STAFF ONLY:

DRIVER'S LICENSE SHOWN YES _____ NO _____
CDL SHOWN YES _____ NO _____